

DECLARATION

I, the below-named inventor hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below), of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Determination of Multi-Valent Metal Contamination and System for Removal of Multi-Valent Metal Contaminants from Water

which is described and claimed in the attached specification;

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with title 37, Code of Federal Regulations, Section 1,56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application or applications for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Priority Claimed

NONE

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Number)	(Country)	(Day/Month/Year	Yes	No

I do not know and do not believe that the invention was ever known or used in the United States of America before my or our invention thereof;

I do not know and do not believe that the invention was ever patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application;

I do not know and do not believe that the invention was in public use or on sale in the United States of America more than one year prior to this application;

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application or applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the international filing date of this application:

NONE

(Country)	(App. Ser. No.)	(Filing Date)	(Patented, Pending or Abandoned)
-----------	-----------------	---------------	----------------------------------

(Country)	(App. Ser. No.)	(Filing Date)	(Patented, Pending or Abandoned)
-----------	-----------------	---------------	----------------------------------

I hereby appoint ROBERT J. SCHAAP, Registration No. 20,577 of 21241 Ventura Boulevard, Suite 188, Woodland Hills, California 91364 to prosecute this application and to transact all business in the Patent and Trademark Office in connection therewith. Address all telephone calls to ROBERT J. SCHAAP at (818) 346-6555. Address all correspondence to ROBERT J. SCHAAP at the above address.

---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Dr. Irving Lyon

FULL NAME OF INVENTOR

Irving Lyon  
INVENTOR'S SIGNATURE

Date: 11-22-00

Residence: 3529 Greenfield

Citizenship: U.S.A

Los Angeles, Ca. 90034

Post Office Address:

SAME AS ABOVE

FULL NAME OF INVENTOR

INVENTOR'S SIGNATURE

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Post Office Address:

\_\_\_\_\_  
FULL NAME OF INVENTOR

\_\_\_\_\_  
INVENTOR'S SIGNATURE

Residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Office Address:  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Citizenship: \_\_\_\_\_